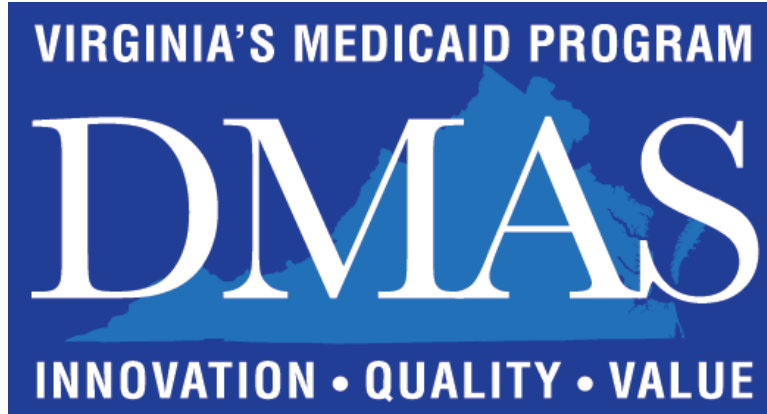


Monthly MCO Compliance Report

Medallion 4.0 November 2019 Deliverables



Health Care Services Division

February 3, 2020

Monthly MCO Compliance Report

Medallion 4.0 November 2019 Deliverables

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Compliance Points Overview

MCO	Prior Month Point Balance	Point(s) Incurred for Current Month*	Point(s) Expiring from November 2018	Final Point Balance*	Area of Violation: Finding or Concern
<u>Aetna</u>	7.0	1.0	0.0	8.0	<u>FINDINGS</u> EI Claims Issue
<u>Anthem</u>	5.0	1.0	0.0	6.0	<u>FINDINGS</u> Data Error <u>CONCERNS</u> Claims Payment
<u>Magellan</u>	8.0	2.0	0.0	10.0	<u>FINDINGS</u> EI Claims Issue Late Submission
<u>Optima Health</u>	14.0**	0.0	0.0	14.0**	N/A
<u>United</u>	5.0	0.0	0.0	5.0	<u>CONCERNS</u> Data Error
<u>VA Premier</u>	14.0	2.0	0.0	16.0	<u>FINDINGS</u> Call Center Stats EI Claims Issue

**All listed point infractions are pending until the expiration of the 15-day comment period.*

***Optima has one compliance point in suspended status pending a review of CES # 2311.*

Notes:

-**Findings**- Area(s) of violation; point(s) issued.

-**Concerns**- Area(s) of concern that could lead to potential findings; **no** points issued.

-**Expired Points**- Compliance points expire 365 days after issuance. Thus, all points issued in November 2018 (Issue date: 12/15/18) expire on 12/15/19 and are subtracted from the final point balance.

Summary

The **Compliance Review Committee (CRC)** met on January 7, 2020 to review deliverables measuring performance for November 2019 as well as other reported program issues. The CRC consists of five managers and supervisors from the Health Care Services division who vote on what, if any, compliance enforcement actions to take in response to identified issues of potential non-compliance.

The CRC voted to issue compliance points to managed care organizations (MCOs) for failure to meet call center requirements, untimely deliverable submissions, and untimely payment of early intervention (EI) claims. In addition, one MCO reported adjudicating claims more than one calendar year after they were received in violation of the Code of Federal Regulations and the Medallion 4.0 contract, and the CRC voted to open a desk review in response.

Each MCO's compliance findings and concerns are further detailed below. Data related to the Health Care Services Division's compliance activities are also included. The Department communicated the findings of its review of November's compliance issues in letters issued to the MCOs on January 14, 2020.

Aetna Better Health of Virginia

Findings:

- **Untimely Payment of EI Claims:** DMAS timely received the November 2019 Early Intervention Services Report deliverable from Aetna. Upon review, the Compliance Unit discovered that the report indicated that Aetna failed to adjudicate four clean claims for EI services within 14 days of their receipt in November 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Aetna violated the terms of the Medallion 4.0 contract in failing to adjudicate four clean claims for EI services within 14 days of their receipt.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Aetna **a one (1) point violation** due to its failure to adjudicate four clean claims within 14 days of their receipt.

Aetna has accumulated 8.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Aetna will not be issued financial sanctions for this issue. The CRC voted not to require Aetna to submit a corrective action plan (CAP). **(CES # 2569)**

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for November 2019, Aetna showed a very high level of compliance. Aetna timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Aetna's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2569**), Aetna complied with all applicable provider payment timeliness requirements. In summation, Aetna complied with almost every applicable regulatory and contractual requirement.

Anthem HealthKeepers Plus

Findings:

- **Data Submission Error:** The Department timely received the November 2019 Appeals and Grievances Summary deliverable from Anthem. Upon review, it was determined that the deliverable contained a serious reporting error. Specifically, Anthem reported that the Department had granted one of its internal appeals a time extension. The Department's subject matter experts subsequently confirmed that the Department had not granted a time extension to Anthem for the appeal at issue.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Anthem violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" should receive 1 point. As a result, the CRC voted to assess Anthem a **one (1) point violation** due to a serious reporting error in its Appeals and Grievances Summary deliverable.

Anthem has accumulated 6.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Anthem will not be issued financial sanctions for this issue. The CRC voted not to require Anthem to submit a CAP. **(CES # 2574)**

Concerns:

- **Untimely Claims Payment:** The Department timely received the November 2019 MCO Claims Report deliverable from Anthem. Upon review, the Compliance Unit discovered that the report indicated that Anthem failed to adjudicate 11 clean claims within one calendar year of their receipt in November 2019.

Section 1932(f) of the Social Security Act and Section 5.5 of the Medallion 4.0 contract require the MCOs to adjudicate all clean claims for Medicaid services within one calendar year of their receipt. Thus, based on the November 2019 MCO Claims Report deliverable, Anthem violated the terms of the Medallion

4.0 contract in failing to adjudicate clean claims for Medicaid services within one calendar year of their receipt.

Due to the serious nature of this issue, the Compliance Team initiated a **desk review** of the issue, so that the Compliance Unit could fully understand the circumstances surrounding Anthem's report of adjudicating 11 clean claims more than one calendar year after their receipt. The Compliance Unit will review additional documentation related to this issue, and will potentially recommend associated compliance enforcement actions in a future CRC meeting. **(CES # 2549)**

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for November 2019, Anthem showed a very high level of compliance. Anthem timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One monthly deliverable contained a serious reporting error (addressed above in **CES # 2574**). Anthem's member and provider call centers complied with abandonment ratio requirements, and Anthem complied with most applicable provider payment timeliness requirements. Anthem reported failing to adjudicate 11 clean claims within one calendar year of their receipt (addressed above in **CES # 2549**). In summation, Anthem complied with almost every applicable regulatory and contractual requirement.

Magellan Complete Care

Findings:

- **Untimely Payment of EI Claims:** DMAS timely received the November 2019 Early Intervention Services Report deliverable from Magellan. Upon review, the Compliance Unit discovered that the report indicated that Magellan failed to adjudicate four clean claims for EI services within 14 days of their receipt in November 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Magellan violated the terms of the Medallion 4.0 contract in failing to adjudicate four clean claims for EI services within 14 days of their receipt.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Magellan **a one (1) point violation** due to its failure to adjudicate four clean claims within 14 days of their receipt.

Magellan has accumulated 10.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Magellan will not be issued financial sanctions for this issue. The CRC voted not to require Magellan to submit a CAP. **(CES # 2570)**

- **Untimely Deliverable Submission:** Magellan failed to timely submit its weekly Pharmacy Prior Authorizations - NCPDP Transfer Standard deliverable as required by Section 1.8.46 of the Medallion 4.0 Deliverables Technical Manual. The report was due December 23, 2019, but was not submitted until January 6, 2020.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, Magellan violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" are subject to a 1 point penalty. As a result, the CRC voted to assess

Magellan a **one (1) point violation** due to its untimely submission of its weekly Pharmacy Prior Authorizations - NCPDP Transfer Standard deliverable.

Magellan has accumulated 10.0 points, placing it in Level 1 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, an MCO in Level 1 of the Compliance Deficiency Identification System is not subject to financial sanctions. As a result, Magellan will not be issued financial sanctions for this issue. The CRC voted not to require Magellan to submit a CAP. **(CES # 2609)**

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance in November 2019, Magellan showed a very high level of compliance. Magellan timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Magellan submitted a weekly deliverable late (addressed above in **CES # 2609**). Magellan's member and provider call centers complied with abandonment ratio requirements, and outside of an issue listed above (in **CES # 2570**), Magellan complied with all applicable provider payment timeliness requirements. In summation, Magellan complied with almost every applicable regulatory and contractual requirement.

Optima Health

Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- **CES # 2311:** Review of Optima's appeal of CES # 2311 (untimely payment of EI claims) is currently underway, and the outcome is pending.

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for November 2019, Optima showed an extremely high level of compliance. Optima timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Optima's member and provider call centers complied with abandonment ratio requirements, and Optima complied with all applicable provider payment timeliness requirements. In summation, Optima was a top performer in November 2019, and complied with every applicable regulatory and contractual requirement.

UnitedHealthcare

Findings:

- No findings (*i.e.*, no compliance issues severe enough to necessitate the issuance of compliance points)

Concerns:

- **Data Submission Error:** DMAS timely received the December 16 weekly Provider File - Enrollment Broker deliverable from United. Upon review, it was determined that United submitted the deliverable in a tab-delimited .csv file instead of the comma-delimited .csv file required by Section 1.4.3.1 of the Medallion 4.0 Deliverables Technical Manual.

Section 10.1.E.d.b of the Medallion 4.0 contract requires the MCOs to submit reporting deliverables timely, with accurate data, and in the format and layout specified by DMAS. Thus, United violated the terms of the Medallion 4.0 contract in the deliverable submission addressed above.

According to Section 10.1.E.a of the Medallion 4.0 contract, failures to comply with the contract that "[i]mpair[] the Department's ability to properly oversee and/or analyze Contractor performance, including but not limited to reporting errors" are subject to a one point penalty. However, DMAS' subject matter expert noted that the data formatting error in United's December 16 weekly Provider File - Enrollment Broker deliverable did not significantly impair DMAS' ability to oversee or analyze United's performance. DMAS' subject matter expert suggested that the file naming convention not be subject to compliance points.

The Compliance Team recommended that in response to the issue identified above, United be issued a **Notice of Non-Compliance (NONC)** without any associated compliance points, financial sanctions, or corrective actions. The CRC agreed with the Compliance Team's recommendation, and voted to issue a **NONC without associated compliance points or financial sanctions** in response to this issue. (CES # 2589)

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

- No outstanding sanctions at this time

Summary:

- For deliverables measuring performance for November 2019, United showed a very high level of compliance. United timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. One monthly deliverable was submitted using an incorrect file format (addressed above in **CES # 2589**). United's member and provider call centers complied with abandonment ratio requirements, and United complied with all applicable provider payment timeliness requirements. In summation, United complied with almost every applicable regulatory and contractual requirement.

Virginia Premier

Findings:

- **Untimely Payment of EI Claims:** The Department timely received the November 2019 Early Intervention Services Report deliverable from Virginia Premier. Upon review, the Compliance Unit discovered that the report indicated that Virginia Premier failed to adjudicate eight clean claims for EI services within 14 days of their receipt in November 2019.

Section 5.5 of the Medallion 4.0 contract requires the MCOs to adjudicate all clean claims for EI services within 14 days of their receipt. Thus, Virginia Premier violated the terms of the Medallion 4.0 contract in failing to adjudicate clean claims for EI services within 14 days of their receipt.

According to Section 10.1.E.a of the Medallion 4.0 contract, a failure to comply with the contract that "represents a threat to [the] smooth and efficient operation" of the Medallion 4.0 program is subject to a one point penalty. As a result, the CRC voted to assess Virginia Premier **a one (1) point violation** due to its failure to adjudicate clean claims within 14 days of their receipt.

Virginia Premier has accumulated 16.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, the Compliance Deficiency Identification System requires a plan in Level 2 to be issued a financial sanction in the amount of \$5,000 for each compliance enforcement action taken. As a result, Virginia Premier will be assessed a **\$5,000 financial sanction** for its failure to adjudicate EI clean claims within 14 days of their receipt. The CRC voted not to require Virginia Premier to submit a CAP. **(CES # 2529)**

- **Call Center Statistics:** Based on Virginia Premier's November 2019 MCO Call Center Statistics deliverable, Virginia Premier answered 93.44% of incoming provider calls in the month of November 2019. Per Section 5.4.A of the Medallion 4.0 contract, in order to be compliant, Virginia Premier was required to answer at least 95% of incoming provider calls. Virginia Premier failed to answer enough incoming provider calls to be in compliance in November 2019.

According to Section 10.1.E.b of the Medallion 4.0 contract, failures to comply with the contract that "represent[] a threat to [the] smooth and efficient operation" of the Medallion 4.0 program are subject to a 1 point penalty. As a result, the CRC voted to assess Virginia Premier **a one (1) point violation** for its failure to answer at least 95% of incoming calls to its provider call center.

Virginia Premier has accumulated 16.0 points, placing it in Level 2 on the Compliance Deficiency Identification System. As described in 10.1.D of the Medallion 4.0 contract, the Compliance Deficiency Identification System requires a plan in Level 2 to be issued a financial sanction in the amount of \$5,000 for each compliance enforcement action taken. As a result, Virginia Premier will be assessed a **\$5,000 financial sanction** for its failure to answer at least 95% of incoming calls to its provider call center. In addition, the CRC voted to require Virginia Premier to submit an **MCO Improvement Plan (MIP)** in response to this issue due to its recurring nature. Virginia Premier will have 30 days to submit a plan for addressing future provider call center issues, and the Department will review the plan to evaluate its adequacy. **(CES # 2531)**

Concerns:

- No concerns

MIP/CAP Update:

- No updates

Appeal Decision:

- No appeals

Expiring Points:

- No expiring points

Financial Sanctions Update:

The following financial sanctions will be sent to DMAS' Fiscal Division for enforcement:

- November 2019 Call Center Statistics Issue - \$5,000 **(CES # 2531)**
- November 2019 EI Claims Payment Issue - \$5,000 **(CES # 2529)**

Summary:

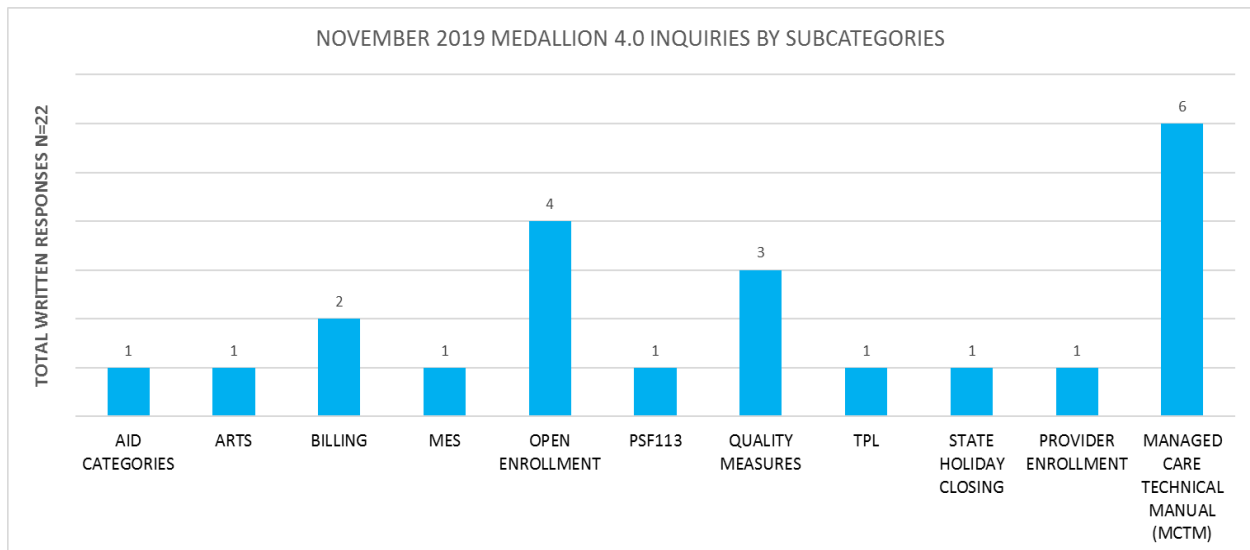
- For deliverables measuring performance in November 2019, Virginia Premier showed a high level of compliance. Virginia Premier timely submitted all 23 required monthly reporting deliverables, and those deliverables did not expose any programmatic issues. Virginia Premier's member call center complied with abandonment ratio requirements, but its provider call center did not (addressed above in **CES # 2531**). Outside of an issue listed above (in **CES # 2529**), Virginia Premier complied with all applicable provider payment timeliness requirements. In summation, Virginia Premier complied with most applicable regulatory and contractual requirements.

Compliance Activity Data

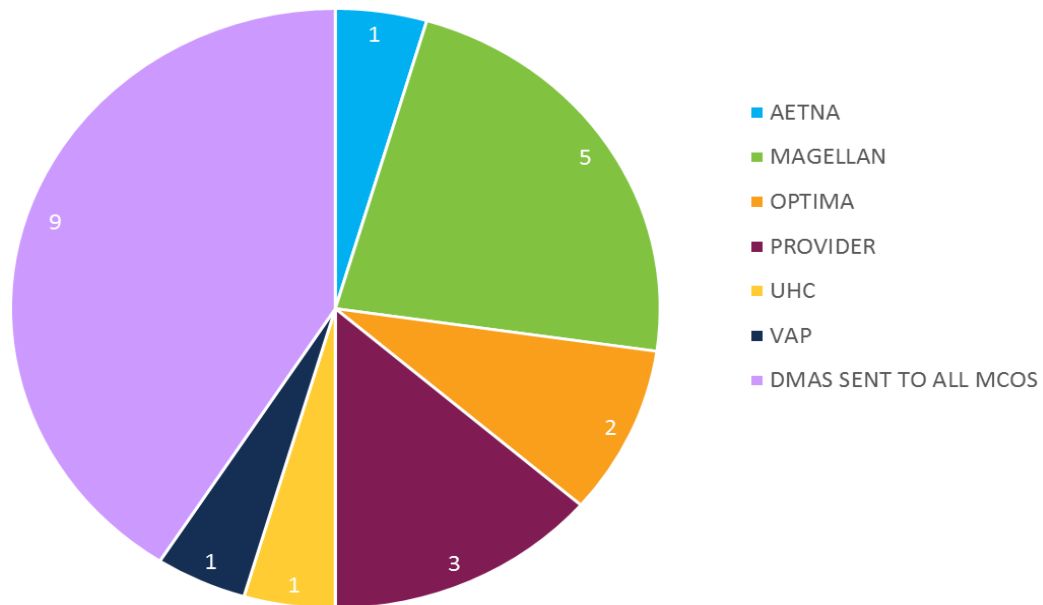
November 2019 – Member and Provider Solutions Unit

Member Inquiries <i>Received</i>	21
Provider Inquiries <i>Received</i>	23
MCO Inquiries <i>Received</i>	15
Constituent Concerns ("Pinks") Received	8
Marketing Materials <i>Reviewed</i>	99
Appeals	1
Other Inquiries <i>Received</i>	78

MEDALLION 4.0 MAILBOX MONITORING



NOVEMBER 2019 MEDALLION 4.0 INQUIRIES BY PROVIDER, STAKEHOLDER & MCO



*All received were responded to n=22

PROVIDER FRAUD ACTIVITY THROUGH NOVEMBER

PROVIDER FRAUD ACTIVITY REFERRED TO MCOS		
Description	Open Cases	Closed Cases
GOOD CAUSE REFFERALS	0	16
PAYMENT SUSPENSIONS	0	17
INFORMATION REFEERAL TO MCO	0	8
ENDING PAYMENT SUSPENSIONS	0	15
MFCU INVESTIGATIONS	1	27
PROVIDER TERMINATIONS	2	31
PROVIDER TERMINATIONS (OTHER)	0	7
TOTAL	3	121

MEDALLION NEWBORN RECONCILIATION OVERSIGHT

MCO MED3	2017_09	2017_10	2017_11	2017_12	2018_01	2018_02	2018_03	2018_04	2018_05	2018_06	2018_07	2018_08	2018_09	2018_10	2018_11
Anthem:	F	C	F	F	F	C	C	C	C	C	C	C	C	S	C
Coventry	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
INTotal	F	F	F	F	F	F	F	C	F	F	F	C	F	C	C
Kaiser	F	F	F	F	F	F	F	C	F	F	C	C	C	C	C
Optima	F	F	F	F	F	F	F	F	C	F	F	C	F	F	C
VA Premier	F	F	F	F	F	F	F	F	F	F	F	F	F	S	S

MED4 MCO	2018_08	2018_09	2018_10	2018_11
Aetna (1044)	F	F	S	F
Anthem (1045)	F	C	S	S
Magellan (1046)	C	C	C	F
Optima (1047)	S	F	S	S
United (1048)	F	S	S	C
VA Premier (1049)	F	F	F	S

S - Recon request file has been submitted to DMAS and is being processed for reconciliation payment.

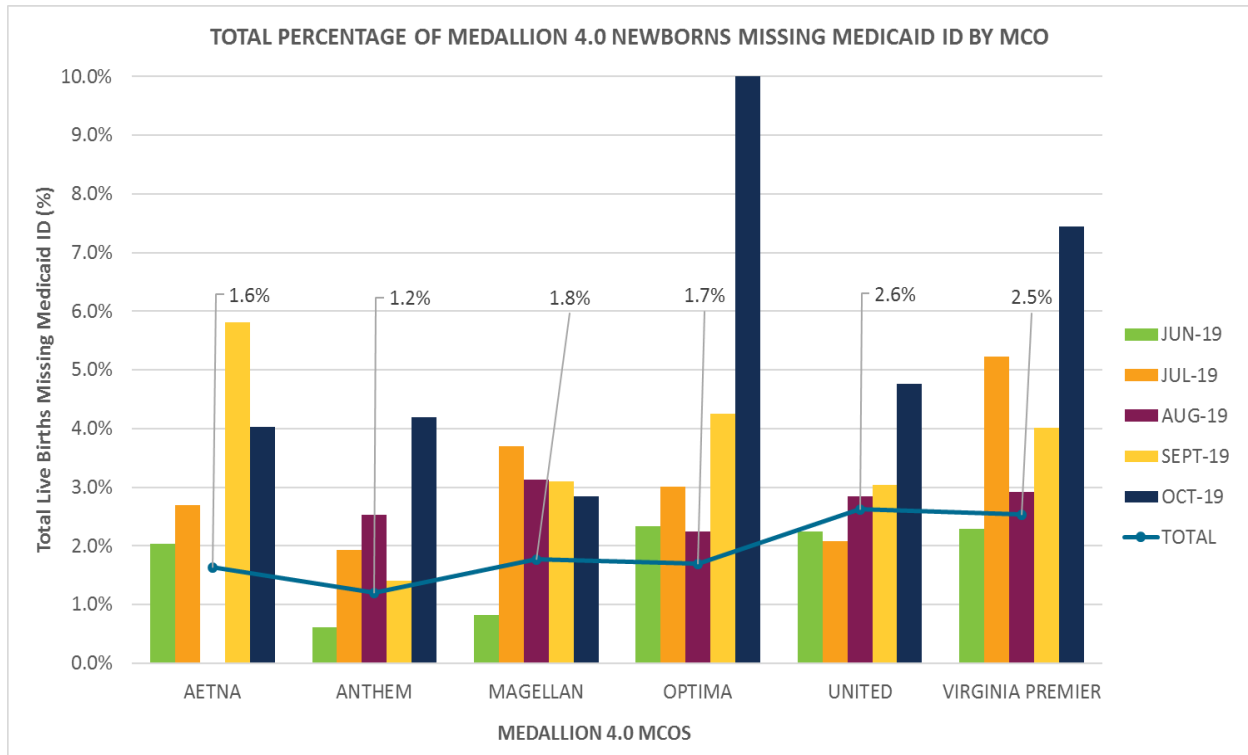
C - Waiting for MCO to approve Provider Payment Agreement in order to make final reconciliation payment and close the period.

F - Closed. All newborn processing is complete for the MCO for the period.

MEDALLION MAGELLAN BHSA CMHRS CLAIMS MONITORING

Reporting Month	Amount	Status	Retraction	Date Completed
SEPTEMBER	\$7,303.84	CLOSED	\$7,303.84	10/10/2018
OCTOBER	\$20,020.71	CLOSED	\$20,020.71	1/4/2019
NOVEMBER	\$198,261.12	CLOSED	\$119,047.14	3/29/2019
DECEMBER	\$13,432.02	CLOSED	\$10,581.88	12/4/2019
JANUARY	\$6,396.68	CLOSED	\$6,396.68	12/16/2019
FEBRUARY	\$1,035.73	CLOSED	\$596.16	12/16/2019
MARCH	\$3,030.12	CLOSED	\$2,668.41	12/16/2019
APRIL	\$5,329.28	CLOSED	\$1,035.24	12/16/2019
MAY	\$0.00	CLOSED	\$0.00	NA
JUNE	\$291.48	CLOSED	\$291.48	12/16/2019
JULY	\$240.00	OPEN	\$240.00	
AUGUST	\$1,146.57	OPEN	\$1,146.57	
SEPTEMBER	\$534.94	OPEN	\$534.94	
OCTOBER	\$6,657.00	OPEN	\$6,657.00	
NOVEMBER	\$1,491.95	OPEN	\$1,491.95	
Retraction Due				\$10,070.46
Actual Retraction Completed				\$170,229.19

MEDALLION 4.0 LIVE BIRTHS OVERSIGHT



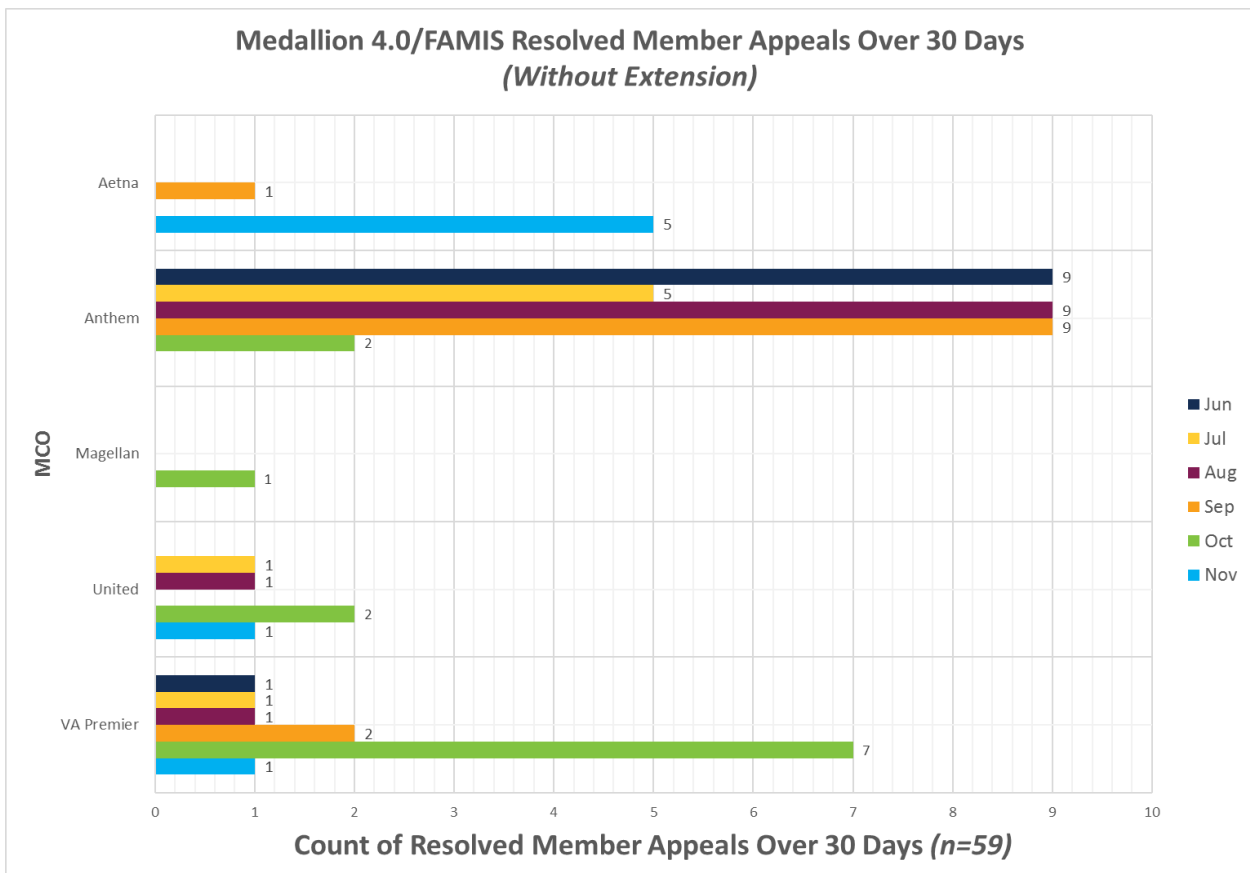
MEDALLION 4.0 MCO PROVIDER CONTRACT REVIEWS

Sub Dt_MCO	Name	Submission_of	DMAS_Comp_Days	DMAS_Decision	MCO_Edits_Due	MCO_Comp_Day	DMAS_Decision	MCO_Edits_Due	MCO_Comp	DMAS_Decision_3	MCO_Edits_Due	Final_Status
6/27/2019	United	Accountable Care Organization	29	Resubmission	9/24/2019	54	Resubmission	11/8/2019	74	Resubmission	1/31/2020	Pending MCO
8/22/2019	United	NPO Participation Agreement - 4		Resubmission	10/25/2019	91	Resubmission	2/17/2020				Pending MCO
9/19/2019	United	National Ancillary Provider	29	Resubmission	12/27/2019	Pending MCO						Pending MCO
11/6/2019	Aetna	Network Services Agreement	21	Resubmission	1/26/2020	56	Resubmission	1/26/2020		Due 2/21/2020		Pending DMAS
12/2/2019	Magellan	Provider Compensation	11	Resubmission	2/11/2020	6	Resubmission	3/9/2020				Pending MCO
1/22/2020	Magellan	Medallion 4.0 Provider	Due 2/21/2020									Pending DMAS
1/21/2020	Optima	Diagnosis Code Accuracy	Due 2/20/2020									Pending DMAS

MEDALLION 4.0 MEMBER LETTERS DASHBOARD – NOVEMBER

MEDALLION 4.0 LETTERS DASHBOARD - NOV 2019			
	Date Approved	Date Sent	Total Letters Sent
Medallion 4.0 Assignment	11/19/2019	11/22/2019	9,110
Medallion 4.0 MedEx Assignment	11/19/2019	11/25/2019	19,370
Medallion 4.0 Re-Enrollment	11/19/2019	11/22/2019	1,938
Medallion 4.0 MedEx Re-Enrollment	11/19/2019	11/22/2019	2,019
Medallion 4.0 Change	NA	NA	0
Medallion 4.0 MedEx Change	NA	NA	0
Medallion 4.0 Maternal Child Health Letters	11/19/2019	11/22/2019	1,437
Medallion 4.0 Open Enrollment FSW/ROA/ALEG	11/21/2019	11/27/2019	53,125
Total Letters Sent			86,999

MEDALLION 4.0/FAMIS RESOLVED MCO APPEALS > 30 DAYS



Next Steps

At this time, the Compliance Unit is continuing monthly Compliance Review Committee meetings, following up on reoccurring issues, and communicating with the MCOs regarding identified issues. The Compliance Unit is in the process of expanding the types of compliance issues it investigates, and involving itself with programmatic issues as well as technical deliverable issues.

The Compliance Unit is expanding the amount of face-to-face contact it has with MCO compliance personnel, and has recently held its first round of monthly MCO compliance calls.

The Compliance Unit is also responsible for generating and maintaining policies and procedures for the Health Care Services Division. The Compliance Unit has generated 10 policy and procedure documents to date, and the long-term project to create policies and procedures is ongoing.